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CONFIRMATION NO. 4980

SERIAL NUMBER 10/530,409	FILING OR 371(c) DATE 08/02/2005 RULE	CLASS 073	GROUP ART UNIT 2856	ATTORNEY DOCKET NO. 3682-51
APPLICANTS Anders Mollstam, Saltsjo-boo, SWEDEN;				
** CONTINUING DATA ***** This application is a 371 of PCT/SE03/01574 10/09/2003 ** FOREIGN APPLICATIONS ***** SWEDEN 0202991-6 10/10/2002 <div style="text-align: center;">** SMALL ENTITY **</div>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY SWEDEN	SHEETS DRAWING 2	TOTAL CLAIMS 7
			INDEPENDENT CLAIMS 1	
ADDRESS 23117				
TITLE Medical indication device and identification method				
FILING FEE RECEIVED 515	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	